

A HANDBOOK OF MEDICAL HYPNOSIS. By Gordon Ambrose, L.M.S.S.A., and George Newbold, M.B., B.S., M.R.C.S. (Pp. xiv + 256. 21s.) London: Baillière, Tindall & Cox, 1956.

A BRIEF history of medical hypnotism is given, following the development of the subject from the religious cults of Ancient Egypt through such workers as Mesmer in the latter half of the eighteenth century, John Elliotsen and the Edinburgh surgeon, James Braid (1795-1860).

The hypnotic state is considered as consisting of three stages, namely, light, medium, and deep or somnambulistic. In the latter stage amnesia for events occurring during hypnosis, sensory hallucinations and pronounced effects from post-hypnotic suggestion are among the many manifestations which appear.

Technique in the methods of induction of hypnosis are briefly described with a short consideration of auto-hypnosis.

The remainder and greater proportion of the volume is devoted to the application of hypnosis in diverse fields of medicine and surgery. A range of subjects from tics to tuberculosis, amenorrhœa to accouchement is covered with a large section devoted to gynæcology and obstetrics. Each section is illustrated with one or more case-histories. These are in many instances scanty, and one might wonder about the diagnosis in the case of "the attractive young woman of 30" with disseminated sclerosis whose "lower limb reflexes were absent." Clinical investigations, if they have been done, are not quoted in any instance.

Not all observers would agree with the statement (p. 79) that in anorexia nervosa "death may occur from cardiac failure, tuberculosis or coma, but *fortunately most cases recover*." Nor would most gynæcologists be prepared to accept a psychogenic basis for menorrhagia in the presence of pathology of the uterus and adnexa such as fibroids (p. 185). The authors also state that "hypnotherapy is indicated if the patient suffers from heart disease such as mitral stenosis, and is allowed to proceed to term. This is to ensure that labour becomes less of a strain on the cardiac muscle." It is fairly generally known that such cases, if they do not decompensate during pregnancy, have an uneventful labour. There are few obstetricians who would consider hypnotherapy as an adjuvant in the management of pre-eclampsia.

There are numerous controversial statements of this nature. Hypnotherapy is embarked upon in many instances with what would appear to be insufficient appreciation of the organic aspects of the condition, e.g., failure to carry out radiography or exclude congenital anomalies in cases of enuresis.

Bibliography is scant and references in some places incomplete (pp. 49 and 75). The authors stress that this is a hand-book and not a text-book. As such, it is scarcely in the tradition of volumes like that of Hutchinson and Hunter. It is easily readable, but one is left with a confused impression of the value of hypnosis in medicine. It would appear to be a panacea for an extremely wide spectrum of disease if one were to accept the claims made in this book. The cases are poorly documented and no comparison with treatment by other and better established methods is attempted.

E. M. A.

OBSTETRICS AND GYNÆCOLOGY FOR NURSES. By G. W. Garland, M.D., M.R.C.O.G., and J. M. E. Quixley, S.R.N. (Pp. xii + 188; figs. 58. 10s. 6d.) London: English Universities Press, 1956.

THE authors have had a happy thought in including some chapters on obstetrics in a text-book of gynæcology, thereby giving the nurse a proper perspective of the function of the female generative organs.

Possibly the chapters on obstetrics are unnecessarily full to "help the nurse in an occasional obstetric emergency" as the authors hope, but the section on gynæcology is very good. The writing is clear and to the point, with good, simple diagrams, and a useful glossary of the special terms used gives the reader a good start.

This is a good text-book for the student nurse and a useful book of ready reference for those in charge of gynæcological wards.

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